



JUSTIFICATION FOR PROPOSED NCA ISSUE

1. TYPE OF ISSUE (*Directive, handbook, notice, pamphlet, etc.*)

2. SUBJECT

3. PURPOSE

4. REPORT REQUIRED

☐ YES☐ NO*(If "YES," VA Form 3440 must be attached.)*

5. IS REPORT REQUIRED BY LAW, EXECUTIVE ORDER OR REGULATION OF ANOTHER AGENCY?

☐ YES☐ NO*(If "YES," list governing citation.)*

6. ARE NEW OR REVISED FORMS REQUIRED?

☐ YES☐ NO*(If "YES," VA Form 559a must be attached.)*

7. WILL THIS BE INCORPORATED INTO A PERMANENT ISSUE?

☐ YES☐ NO

8. ANTICIPATED DATE OF PERMANENT ISSUE

9. REASON FOR POLICY CHANGE

☐ DEPARTMENTAL NCA☐ LEGISLATIVE (*Specify*)

10. LIST REVISIONS AFFECTED BY THIS ISSUE

11. SPECIAL DISTRIBUTION INSTRUCTIONS

DISTRIBUTION TO BE MADE

☐ ACCREDITED SERVICE ORGANIZATION☐ ACCREDITED REPRESENTATIVES☐ VETERANS BENEFITS COUNSELORS☐ OTHER (*Specify*)

12. ORIGINATING SERVICE/DIRECTOR

13. NAME OF CONTACT

14. TELEPHONE NUMBER

15. DATE

16. MAIL ROUTING SYMBOL

17. DATE ISSUE MUST REACH USING OFFICE(S)

18. SIGNATURE OF ORIGINATING SERVICE DIRECTOR/DIVISION CHIEF

19. DATE

21. NCA CONCURRENCES (*Continued*)

(X)

SYMBOL

SIGNATURE

DATE

20. NCA CONCURRENCES

(X)

SYMBOL

SIGNATURE

DATE

NOTE: Use VA Form 4265, Concurrence and Summary Sheet, for concurrences outside of NCA.

22. CONTROL ACTIVITIES

23. DATE RECEIVED IN (402B2)

24. SIGNATURE OF REVIEWER IN (402B2)

25. DATE RECEIVED

26. REPORT CONTROL SYMBOL

27. SIGNATURE OF PUBLICATIONS CONTROL OFFICER

28. DATE

29. SIGNATURE OF DIRECTOR, NCA OR DESIGNEE

30. DATE